



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

March 20, 2007

Dear Nursing Facility Medicaid Provider:

RE: Single Point of Entry Demonstration Project/Michigan Long Term Care Connections (MLTCC) and the Michigan Medicaid Nursing Facility Level of Care Determination

The Michigan Department of Community Health is conducting a Single Point of Entry/Michigan Long Term Care Connections demonstration project that will operate across four distinct regions of Michigan. Each Single Point of Entry/Long Term Care Connection site is referred to by a regional designation and "Long Term Care (LTC) Connection." The LTC Connections were established to demonstrate strategies to improve access to Michigan's Medicaid long term care programs by providing information and assistance services and options counseling.

One of the functions of the LTC Connection will be to conduct the Michigan Medicaid Nursing Facility Level of Care (LOC) Determination. The LOC Determination is a Medicaid assessment that is required for Medicaid beneficiaries who wish to access program services from MI Choice or the Program of All-Inclusive Care for the Elderly (PACE), or who seek admission to a Medicaid reimbursed nursing facility. In addition to being financially eligible, a Medicaid beneficiary must also be determined medically and functionally eligible via the LOC Determination to allow for reimbursement of Medicaid services rendered by a Medicaid provider.

It is the intent that all persons within a demonstration region who wish to access Medicaid LTC services have access to staff from regional LTC Connections. Staff designated by the LTC Connection will conduct LOC Determinations upon the request of the individual or their legal guardian. In addition, providers are encouraged to use the model Partnership Agreement to establish a relationship and referral process to allow the LTC Connection staff to conduct LOC Determinations for prospective or current residents of their facilities.

When a LOC Determination is completed by the LTC Connection staff, that LOC Determination will be the determining assessment of medical eligibility in lieu of the LOC Determination conducted by provider staff.

If upon post payment review an LOC Determination produced by the LTC Connection is reversed, the provider is protected from making repayment to the Medicaid program. (See attachment for guidelines of Medicaid repayment protection). However, the Medicaid provider is responsible for correctly entering the LTC Connection's LOC Determination into Michigan's Single Sign-On LOC Determination website, and for all other ongoing policy requirements.

Please note the three attachments:

- A list of the four regions in which the LTC Connections operate, including contact information and the counties within each region
- A model *Partnership Agreement*
- A detailed clarification of the limitations of the provider's repayment protection

Please direct any comments or questions regarding **Single Point of Entry/Long Term Care Connection Demonstration Project** to:

Nora Barkey, Project Coordinator
Office of Long Term Care Supports and Services
Phone: (517) 335-9842

If you have any questions regarding current **Medicaid Level of Care Determination Policy** (*MSA 05-09 issued March 2005*) contact:

Elizabeth Aastad, Policy Analyst
Long Term Care Program Policy
Medical Services Administration
Phone: (517) 241-2115

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Reinhart". The signature is fluid and cursive, with the first name "Paul" being more prominent and the last name "Reinhart" written in a more compact, flowing style.

Paul Reinhart, Director
Medical Services Administration

Attachments

**Single Point of Entry Demonstration Projects
Michigan's Long Term Care Connections
Contact Information**

Service and Customer Calls: 1-866 642-4582

Detroit/Wayne Long Term Care Connection

Serves the Cities of Detroit, Grosse Pointe (GP), GP Farms, GP Park, GP Shores, GP Woods, Hamtramck, Harper Woods, Highland Park

Sponsor:

Detroit Area Agency on Aging

Contact:

Earlene Traylor Neal
313-396-5593

Southwest Michigan Long Term Care Connection

Serves Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren counties

Sponsors:

Region 3-A Area Agency on Aging, Kalamazoo
Region 3-B Area Agency on Aging, Battle Creek
Region 3-C Area Agency on Aging, Coldwater
Region IV Area Agency on Aging, St. Joseph

Contact:

John Altena
269-983-0177

West Michigan Long Term Care Connection

Serves Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola and Ottawa counties

Sponsors:

AAA of Western Michigan, Grand Rapids
HHS, Inc., Grand Rapids
Senior Resources, Muskegon Heights

Contact:

Chuck Logie
616-956-6627

Upper Peninsula Long Term Care Connection

Serves Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft counties

Sponsor:

U.P. Commission for Area Progress, Escanaba

Contact:

Mark Bomberg
906-786-4701

Provider Guidelines Protection and Accountability

When a nursing home provider has a new Medicaid resident admission that is determined functionally eligible based on a LTC Connection completed LOC Determination, but the federally required Minimum Data Set (MDS) completed within 14 days of the resident's admission by the nursing home does not agree with the LTC Connection's admission decision, the nursing home provider must contact the LTC Connection within two (2) days of the completed and signed MDS to resolve the differences between the two assessments.

When a current resident establishes financial eligibility for Medicaid, a LOC Determination must be completed. If the LOC Determination is completed by the LTC Connection and the LTC Connection's LOC Determination finds the resident functionally eligible, Medicaid coverage is established, and Medicaid can begin payment for the resident's stay. At the resident's next required MDS review, if the resident is determined not to be functionally eligible for Medicaid coverage, the provider must contact the LTC Connection within two (2) days of the completed and signed MDS to resolve the differences between the two assessments.

In each of the above situations, the LTC Connection staff will review the assessments and make a decision either to repeat the LOC Determination or maintain its original Medicaid eligibility decision. The LTC Connection decision is final.

If a retrospective Medicaid review later finds the LTC Connection's admission decision, or eligibility decision in the case of a current resident, to be in error, the nursing home provider will not be held liable to Medicaid for repayment of the resident's stay if the provider contacted the LTC connection within the stated timeframe as noted in the "Provider Guidelines Protection and Accountability." The nursing home provider remains responsible for completion of all subsequent MDS reviews and for assuring that the resident continues to meet Medicaid criteria for the nursing home stay.

PARTNERSHIP AGREEMENT
Between the
LONG-TERM CARE CONNECTION and PROVIDER

This Partnership Agreement clarifies the role of the Long-Term Care Connection (LTCC) and summarizes the referral process, relationship and commitment between the LTCC and _____ (Nursing Home Provider).

BACKGROUND

Michigan's LTCC will improve access and enhance consumer choice by providing information and assistance to individuals needing either publicly or privately-funded long-term care services; professionals seeking assistance on behalf of their clients; and individuals planning for their future long-term care needs.

PURPOSE

The purpose of this Agreement is to ensure partnership and collaboration between the LTCC and the Provider, resulting in an improved consumer experience. As reflected in the attached Medicaid L-Letter L 07-04, and in accordance with the guidelines of the attached **Provider Guidelines Protection and Accountability** document, the Provider is protected from making Medicaid repayment due to post-payment review by the Medicaid program of a LTCC Level of Care Determination (LOCD). This does not protect the Provider from Medicaid repayment should the beneficiary be found financially ineligible for Medicaid or from the Provider's failure to follow Medicaid policy.

The Provider and the LTCC agree to the following:

The Provider will maintain responsibility for the delivery of services and quality/effectiveness of discharge planning activities. The Provider remains responsible for completion of the Medicaid beneficiary's continuing Minimum Data Set (MDS) and continuing LOCD completion to document the beneficiary's Medicaid functional/medical eligibility for program services. Providers are encouraged to meet their responsibility for conducting the LOCD for new Medicaid or Medicaid pending beneficiaries by using LTCC options counselors.

Both parties agree to share responsibility for informing the beneficiary regarding their options for living arrangements and support services. If a beneficiary, family member, and/or legal guardian expresses interest in transitioning from the nursing home to community living, or wants

information on this option, the Provider will facilitate referral to the LTCC to schedule an interview with a LTCC options counselor.

With the beneficiary's permission, the beneficiary's long-term care support plan will be given to the Provider for inclusion in the Provider's beneficiary record.

The parties agree to assist consumers in filing necessary financial eligibility forms and applications with appropriate agencies.

Both parties agree to enter into a signed business associate agreement that meets all privacy and HIPAA requirements.

Provider Responsibilities

- The Provider agrees to give residents, family members, and their legal guardians MDCH approved information made available by the LTCC on long-term care services and assistance. The Provider will make the materials available upon admission, during educational events, and upon request by the resident.
- The Provider will post the LTCC options counselors' hours of availability in locations readily accessible to the nursing home's residents.
- The Provider agrees to inform Medicare beneficiaries and their legal guardians of the LTCC options counselor service and, with the consumer's permission, contact the LTCC to initiate a referral.
- The provider agrees to make space available to LTCC options counselors to conduct private discussions with residents, family members, and/or their legal guardian.
- Provider responsibilities regarding comprehensive discharge planning remain unchanged. Discharge planning should be initiated at admission, so that the resident and family can make the necessary arrangements for the resident's return to his/her home. This may include contacting a LTCC options counselor for assistance in planning and accessing services.
- When a significant change occurs in the resident's medical condition or when a quarterly or annual MDS assessment indicates a significant change in a resident's medical condition that may affect the resident's continued Medicaid functional eligibility for nursing home care, the Provider will request that the LTCC complete a LOCD for the resident in the LTCC "electronic access site."

- The Provider must notify the LTCC within two (2) business days of a completed and signed MDS in the following situations:
 - For new Medicaid admissions, the MDS is to be completed within fourteen (14) days of the resident's admission to the Provider. The Provider must notify the LTCC of any discrepancies between the admitting LOCD and the MDS that affects the beneficiary's functional eligibility within two (2) business days of that completed and signed MDS.
 - For current nursing home residents who have exhausted their Medicare, private insurance or personal resources, and who have applied for Medicaid, the LTCC must complete a LOCD to establish the resident's Medicaid functional eligibility. If the resident is determined to be Medicaid functionally eligible, at the resident's next required MDS review, the Provider must notify the LTCC within two (2) business days of that completed and signed MDS of any discrepancy between the LTCC's LOCD and the Provider's MDS that affects the resident's continued Medicaid functional eligibility for nursing home care.

Staff from the LTCC and the Provider will work together to resolve any differences between the LOCD and the MDS. The LTCC is the final arbiter of the resident's functional eligibility for admission to the nursing home.

Until such time as the online LOCD system can accept LOCDs from the LTCC, the Provider agrees to enter into Michigan's Single Sign-On LOCD website the LOCDs conducted by LTCC staff for individuals who reside or seek admission to the nursing home.

LTCC Responsibilities

- The LTCC will work with the Program Provider to understand its practices and operating procedures.
- LTCC options counselors will be knowledgeable in decision making, rights, and risks for individuals with cognitive limitations. The LTCC options counselor will engage family members, consumer allies and/or legal guardians, as appropriate, without excluding the consumer from the planning and decision-making process.
- The LTCC options counselor will use a person-centered planning process to identify the consumer's preferences, strengths, and needs. The options counselor will work with the consumer (and allies of the consumer's choice) to facilitate the consumer's understanding of his/her options, the availability and differences in services and residential settings. The options counselor will discuss with the consumer the risks and implications of service

choices, including system service capacity limitations, and will assist the consumer in evaluating service quality in the creation of a long-term care support plan.

- The LTCC will respond within five (5) business days to Provider telephone calls when there is a significant change in a beneficiary's medical condition, or when a quarterly or annual MDS assessment indicates a significant change in the resident's medical condition that may affect his/her continued Medicaid functional eligibility. The LTCC options counselor will complete a LOCD for the beneficiary and enter it into the LTCC "electronic access site" and fax the completed LOCD to the Provider for entry into Michigan's Single Sign-On LOCD website under the Provider's ID number. The LTCC staff will provide the signed and dated Freedom of Choice form to the provider.

Collaboration Meetings

The provider and the LTCC agree to meet regularly to facilitate communication and improve processes. A change to this Partnership Agreement will not be made until the party requesting the change(s) provides a thirty (30) day written notice of the suggested change(s) to the receiving party AND until each party agrees in writing to the suggested change(s).

Partnership Agreement Signatures

For the Nursing Home (Provider):

Signature

Date

Print Name

For the Long-Term Care Connection:

Signature

Date

Print Name